

216020512  
99289

State of Nebraska  
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 199	Agency Case No. B6-043762	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 05/19/2016		TIME OF ACCIDENT 1340	STATE USE ONLY	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1345	05/20/2016	
B	45	ROAD ON WHICH ACCIDENT OCCURRED STREET/ HIGHWAY NO. S. 70th and Pine Lake Rd.			PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE
C	1	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE
D	1	IF AT INTERSECTION NAME OF INTERSECTING ROADWAY S. 70th and Pine Lake Rd.				
V1/M	08	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN				
V2/M	01	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN
E	2	R. WORK ZONE CODES 1	R2	R3	R4	S. PEDESTRIAN CLASSIFICATION CODES S1 S2 S3 S4 S5-a S5-b S6-a S6-b
DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO						
VEHICLE NO. 1						
F	1	DRIVER LICENSE NO.	053SS8641	STATE (Of License)	IA	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE
V1/N	2	DRIVER	KENNETH D BANTZ	PHONE	515-681-6459	LOCAL NO.
V2/N	2	DRIVER ADDRESS	327 E. MILLER AVE., DES MOINES, IA 50315	DATE OF BIRTH (MM / DD / YYYY)	01/22/1969	V1/1 18
G	4	OWNER	KEN D BANTZ	PHONE	515-681-6459	V1/2
H	2	OWNER ADDRESS	327 E. MILLER AVE., DES MOINES, IA 50315	CITATION <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO.	V1/3
V1/O	1	LICENSE PLATE	DJ88FAN	YEAR (Plate Expires)	2017	STATE (Of Plate) IA
V2/O	1	VEHICLE	2003 Ford F150	BODY STYLE	Pickup truck	COLOR white
I	1	VEHICLE ID NO. (VIN)	2FTRX18L33CB09993	ESTIMATED DAMAGE	<input type="radio"/> TOALED \$ 500	
J	01	TOWED TO		TOWED BY		INSURANCE COMPANY West Bend Mut. Ins. Co
K	02	POLICY NO.	HHI 5438708 12			
VEHICLE NO. 2						
F	1	DRIVER LICENSE NO.	G59040189	STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE
V1/P	1	DRIVER	THOMAS E DESHAZO	PHONE	402-858-4147	LOCAL NO.
V2/P	1	DRIVER ADDRESS	8401 S 33RD ST APT 106, LINCOLN, NE 68516	DATE OF BIRTH (MM / DD / YYYY)	10/28/1927	V2/1 18
J	01	OWNER	THOMAS E DESHAZO	PHONE	402-858-4147	V2/2
K	02	OWNER ADDRESS	8401 S 33RD ST APT 106, LINCOLN, NE 68516	CITATION <input type="radio"/> YES <input checked="" type="radio"/> NO	CITATION NO.	V2/3
V1/Q	4	LICENSE PLATE	PA SNX641	YEAR (Plate Expires)	2017	STATE (Of Plate) NE
V2/Q	4	VEHICLE	2013 Honda Civic	BODY STYLE	4 door Sedan	COLOR red
V3/Q	02	VEHICLE ID NO. (VIN)	19XFB2F9XDE058121	ESTIMATED DAMAGE	<input type="radio"/> TOALED \$ 800	
V4/Q	02	TOWED TO		TOWED BY		INSURANCE COMPANY United Services Automobile Assn.
V5/Q	02	POLICY NO.	00016 74 64U 7102			
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	4 Injury Sev.	5 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	4 Injury Sev.	5 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	4 Injury Sev.	5 Trans.	SEX M F

# THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

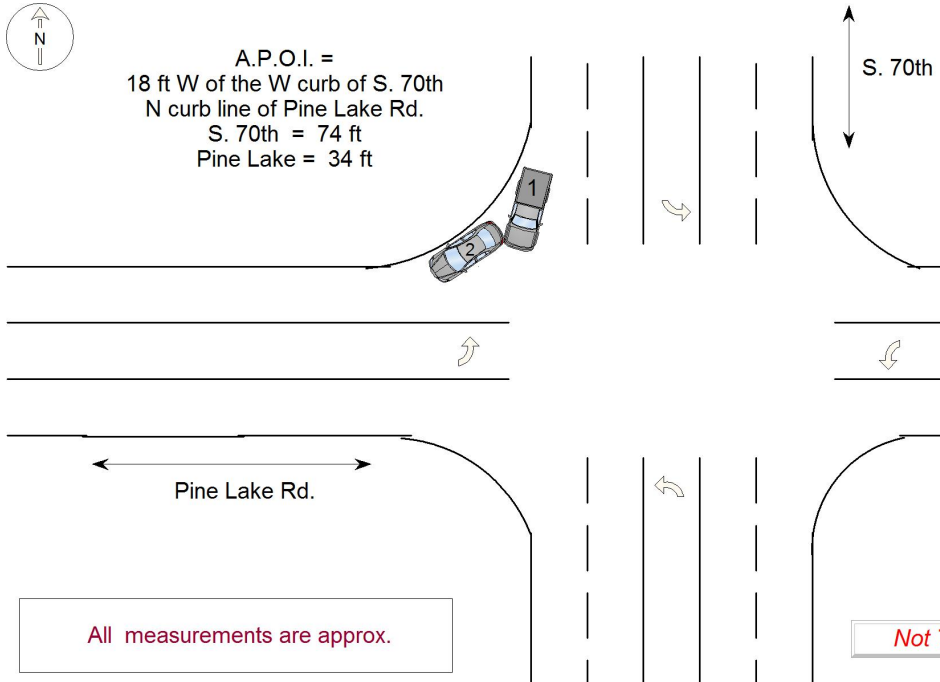
AGENCY CASE NO.  
B6-043762



Indicate  
North  
by Arrow



A.P.O.I. =  
18 ft W of the W curb of S. 70th  
N curb line of Pine Lake Rd.  
S. 70th = 74 ft  
Pine Lake = 34 ft



All measurements are approx.

Not To Scale

## DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Veh#2 was south bound on S. 70th in the west curb lane. Veh#2 was signaling a right turn onto w/b Pine Lake Rd. As Veh#2 started it's right turn onto Pine Lake on a red light, a uninvolved vehicle came through the intersection west bound. Veh#2 stopped to yield and was bumped from behind by Veh#1. Veh#1 was s/b on S. 70th directly behind Veh#2 and was also turning right onto Pine Lake. When Dr#1 saw Veh#2 start to turn right, Veh#1 also started to go, but Dr#1 was watching for W/b traffic and struck Veh#2 when it stopped. Collision occurred.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME	ADDRESS	PHONE		
	NAME	ADDRESS	PHONE		

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS					
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME	VEHICLE 1		VEHICLE 2		VEHICLE 1		VEHICLE 1		VEH 1	1	VEH 2	1
1		X			S. 70th	POINT OF IMPACT	02	POINT OF IMPACT	06	1	2	3	4	Driver No. 1	Y	Driver No. 2	Y
2		X			S. 70th St.	POINT OF IMPACT	02	POINT OF IMPACT	06	5	6	7	8	Driver No. 1	N	Driver No. 2	N
1	05	06 Turning left				MOST DAMAGED AREA	02	MOST DAMAGED AREA	06	1 None used - vehicle occupant				ALCOHOL LEVEL TESTED			
2	05	08 Entering traffic lane				01				2 Lap & shoulder belt used				N			
01 Essentially straight ahead						02				3 Shoulder belt only used				Y			
02 Backing						03				4 Lap belt only used				N			
03 Changing lanes						04				5 Child safety seat used				Y			
04 Overtaking/ Passing						05				6 Child booster seat used				N			
05 Turning right						06				7 DOT approved helmet used				N			
09 Leaving traffic lane						07				8 Costume helmet used				N			
10 Parked						08				9 Restraint use unknown				N			
11 Slowing or stopped in traffic						09								BAC LEVEL			
12 Other						10								ALCOHOL/ DRUGS SUSPECTED			
13 Unknown						11								1 Neither alcohol nor drugs suspected			
						12								2 Yes - alcohol suspected			
						13								3 Yes - drugs suspected			
														4 Yes - alcohol & drugs suspected			
														5 Unknown			
OFFICER NO. 619						TROOP/ TEAM/ BEAT SE				DEPARTMENT Lincoln Police Department				Photographs taken? YES NO			
INVESTIGATOR NAME (Print or Type) James Ashley						INVESTIGATOR SIGNATURE Approved by Officer James Ashley						DATE OF REPORT 05/20/2016					